0 ELECTION CYCLE	Á		£			Delbert Hosemann SECRETARY OF STA
	1-204	cal Com				
REPORT	V1962	The Property of the Control	300	BURSEMEN	S	ECEIVE
		Judicial			L	1441 4 D 2011
Name of Committee hn	Shir	ey Ca	MA	a'sa	_	JAN 1 9 2011
Address Po Box	4321	Brano	ion	MS 3800	42	Campaign Finance Secretary of State
Telephone 60/992 143						PATESTANT
Treasurer Richard You	ing E	mail			[
Check here if above is differen	nt from previous (report				
		TYPE OF				
May 10, 2010 Periodic Report						
June 10, 2010 Periodic Repor						
July 9, 2010 Periodic Report						
October 10, 2009 Periodic Re						
October 26, 2010 Pre-Election	n Report (Octo	ber 1, 2010, t	hrough	October 23, 2010)	
November 16, 2010 Pre-Runo	ff Report (Oct	ober 24, 2010	, throug	in November 13, :	2010)	Runoff Candida
(1) Pre-Election reports are mandatory	, even if no cor	IMPORTAN	xpendit	ures have occurre	d. In suc	th case, the candidate
shall submit a report indicating "0" (2) Until a Candidate files a Termination Ann. § 23-15-807 (b) (ii) and (iii).						
(3) The receiving authority must be in falls on a weekend or a holiday, the day before the deadline. Faxed rep	office must be	in actual rece	reports lpt of the	by 5:00 p.m. on the required reports	e reporti by 5:00	ng day. If the deadlin p.m. on the first work
PEP	ORTED COL	NTRIBUTIO	NS AN	D DISBURSEN	MENTS	
	temized + Nor			This Period		Calendar Year-To-Date
Total amount of contributions \$	0 +\$	500	\$	500	\$	1500
Total amount of disbursements \$	1260+\$	240	\$	1500	\$	1500
Total amount of cash on hand			\$	0		
I certify that I have examined this re	port and to the	e best of my k	nowled			
Signature of Director or Tr	easurer			Date	uy 1	1,2011

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all logislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-516-2818.

2. Candidates for countywide and county district offices should return forms to their county Circuit Cterk.

	 x ·	
Page	of	

Name of Candidate or Cor	nmittee John	Shirley	Campaign	
Reporting period	10/1/2018	through	12/3//10	

ITEMIZED DISBURSEMENTS

A. Full name BMS PTO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	101 181 10	\$ 260
City, State, Zip Code Brandon Ms 39042		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 260
B. Full name Tohn Shicley	Date (Mo., Day, Year)	Amount of each disbursement this period
John Shirley Mailing Address POBCK 4374	10,18,10	\$ 1,000
City, State, Zip Code Brandon HJ 39047	_/_/_	s
Purpose of Disbursement (Optional) Reimburse	Aggregate Year-to-date	\$ 1,000
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	s
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s